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CONFIRMATION NO. 2792

<b>SERIAL NUMBER</b> 10/811,130	<b>FILING OR 371(c) DATE</b> 03/26/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> CHM-015
<b>APPLICANTS</b> Prasad Devarajan, Cincinnati, OH; ✓ Jonathan M. Barasch, New York, NY; ✓				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/458,143 03/27/2003 and claims benefit of 60/481,596 11/04/2003 ✓				
<b>** FOREIGN APPLICATIONS *****</b> NONE				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 06/18/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>chsk</u> Allowance Examiner's Signature <u>8/31/06</u> Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 29
				<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 38155				
<b>TITLE</b> Method and kit for detecting the early onset of renal tubular cell injury				
<b>FILING FEE RECEIVED</b> 660	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	